DOCUMENT RESUME

ED 052 032 SE 011 359

TITLE	Country Profiles, Indonesia.
INSTITUTION	Population Council, New York, N.Y.
PUB DATE	Apr 71
NOTE	12p.
AVAILABLE FROM	The Population Council, 245 Park Avenue, New York, New York 10017 (Free)
EDRS PRICE	EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS	*Biographies, Demography, *Developing Nations, *Family Planning, National Programs, Population Distribution, Population Growth, *Population Trends, Social Sciences

ABSTRACT

A profile of Indonesia is sketched in this paper. Emphasis is placed on the nature, scope, and accomplishments of population activities in the country. Topics and sub-topics include: location and description of the country; population - size, growth patterns, age structure, urban/rural distribution, ethnic and religious composition, migration, literacy, economic status, future trends; population growth and social and economic development - relationship to national income, relationship to size of the labor force, relationship to agriculture, relationship to social welfare expenditures; population policies - direct, indirect, relevant laws; history of population concerns; population programs - objectives, organization, operations, research and evaluation; and assistance from international agencies. Summary statements indicate that the family planning movement is in a transitional phase from a restricted volunteer program to one with significant governmental support. Cooperation of related population/family planning agencies is occurring and pilot projects and program plans have been initiated for a national five-year program of family planning services. A map of the country is drawn. (BL)

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JUN 14 1971

Country Profiles

A PUBLICATION OF
THE POPULATION COUNCIL

April 1971

ED052032

INDONESIA

THIS profile was prepared by Mrs. N. Soewondo and Mrs. O. Djoewari of the Indonesian Planned Parenthood Association, with the assistance of Brooks Ryder, M.D., of the Ford Foundation, Djakarta.

Location and Description

Stretching across the equator between Asia and Australia, and separating the Pacific and Indian Oceans, Indonesia occupies most of the Malay Archipelago. Five large land masses dominate the more than 3,000 islands making up the archipelago: Sumatra, Java, Kalimantan (Borneo), Sulawesi (Celebes), and West Irian (Western New Guinea). Although Indonesia covers an area roughly 1,100 miles from north to south and 2,800 miles east to west, the total land area is only 735,269 square miles, corresponding to the area in the states east of the Mississippi River in the United States. Kalimantan, alone, is almost as large as France.

Indonesia's topography is one of marked contrasts. A major mountain range extends through the larger islands of Sumatra, Java, and Bali. West Irian with its forest-covered slopes and high mountain plateaus has a snow-capped peak not far from the equator. More than a hundred active or recently active volcanoes are found in Indonesia. Particularly on the central islands, volcanic ash has enriched the soil, permitting intensive agricultural development which supports unusually high population densities. There are broad plains and level, frequently swampy lands along the coastal fringes. The outer islands are forest-covered and sparsely populated or uninhabited; while the central islands of Java, Madura, and Bali are characterized by intensive agricultural activity, with terraced, irrigated rice paddies and plantations of tea, rubber, and teak.

The archipelago has a tropical marine climate with high temperatures, high humidity, and a moderate to heavy seasonal rainfall. Much of northern and western Indonesia, with two-thirds of the total land area, has a tropical rain forest climate. Climatic variations occur depending upon elevation above sea level, distance from the coast, and prevailing winds.

In the early seventeenth century, the Dutch East India Company initiated a program of trade and acquisition of territory in the islands that presently constitute Indonesia. The territory became a colony of the Netherlands, the Dutch East Indies, in 1798.

In the early stages of colonialism, Indonesia did not respond to efforts to enforce an export economy on the village structures. The modern colonial period, beginning in 1870, was characterized by land reforms and measures to encourage free enterprise. Economic gains during this period, however, were offset by population growth. The standard of living did not increase, while the population more than doubled between 1880 and 1940.

A nationalist movement developed in the twentieth century. One of the first reforms it produced was the People's Council in 1918. Though this council gained in power over the following years, it did not approach autonomy. Independence became possible only when the territory was occupied by Japan in World War II. Japan, when faced with defeat in the war, encouraged Indonesia to claim independence, which it did in late 1945. Dutch attempts at negotiation to regain control of Indonesia resulted in a United Nations Commission which, on 27 December 1949, transferred to the United States of Indonesia sovereign rights over the territory formerly known as the Dutch East Indies, with the exception of West Irian (Western New Guinea), the distribution of which was left open to further negotiation. In 1963, West Irian became part of Indonesia.

Population

Size

Total population. Indonesia's population, estimated at 118,000,000 in 1970, is exceeded only by those of China, India, the Soviet Union, the United States, and Pakistan. The first national Census, taken in 1961, recorded 97,018,829 inhabitants, including an estimated 700,000 resident in West Irian. Marked regional variations in population density occur. The central islands of Java, Madura, and Bali, with less than 7 percent of the land area, contain two-thirds of the population. Java has a population density of 1,250 persons per square mile, making it one of the most densely populated large areas of the world. The outer islands, on the other hand, are sparsely populated: Kalimantan and West Irian, for example,

while comprising together more than half of the land area of the archipelago, contain only 4 and 1 percent of its population, respectively.

During the nineteenth century Indonesia, particularly the island of Java, experienced one of the most rapid population growth rates in the world. In 1815, when the first Census was taken in Java, the population was 5 million; a little more than a century later it was already in excess of 40 million. From 1930 on it continued to grow, reaching 63 million in 1961. Keyfitz, allowing for possible underreporting in 1815, believes that "the increase of Java and Madura was tenfold in a century and a half."[1] Hawkins concludes that the population of Java more than doubled from 1815 to 1845; increased by two-thirds during the next quarter century and again from 1870 to 1900; and increased by almost 50 percent from 1900 to 1930, and by more than that in the next 31 years.[2]

The Censuses of 1930 and 1961, which were, perhaps, of different degrees of reliability, enumerated 60,727,000 and 97,019,000 inhabitants, respectively. Some estimates place the annual growth rate at 1.54 percent in the 1920s and 1.63 percent in the 1930s. The growth rate dropped to 0.92 percent in the 1940s but rose again to 2.13 percent in the 1950s. The drop in the 1940s reflects the high mortality and low birth rates during the war and revolutionary period.

Current estimates place the growth rate at about 2.6 percent. While precise data are lacking, there is evidence that the growth rate in the regions outside of Java is higher than that on the central island. The increase in population between 1930 and 1961 is estimated to have been 91 percent for Sumatra, 89 percent for Kalimantan, and 67 percent for Sulawesi; while for Java as a whole the rate was only 51 percent, and in the central province of Java it reached a low of 34 percent. Similarly, the child-woman ratios yielded by the 1961 census data show only 734 children aged 4 and under for every 1,000 women aged 15–44 for Java, but 901 for the island of Sumatra, which has 16 percent of the population of the country.

Number and size of households. In the early 1960s there were an estimated 18,000,000 households with an average family size of five.

Total number of women of reproductive age and average age at marriage. The 1961 Census recorded 23,530,000 women of reproductive age. The

[1] Nathan Keyfitz, "Population Dynamics in Indonesia: Focus on Research," presented at the Seventeenth Annual Meeting of the Association of Asian Studies, San Francisco, 2–4 April 1965 (photo-offset).

[2] Everett D. Hawkins, "Indonesia—Population Booms," AID/University of Wisconsin Research Project on Economic Interdependence in South East Asia, Research Paper 24, April 1968.

mean age at marriage was 24.3 years for males and 19.2 years for females. By the age of 30, 87 percent of Javanese women in rural areas were married as compared with 82 percent of women from urban areas. Of women aged 15–19, 45 percent in rural areas were married as against 25 percent in urban areas. Present fertility rates reflect the low mean ages at marriage, the high proportions of married women, and the large cohort of individuals in the age group 5–9 at the time of the 1961 Census.

Growth Patterns

Reports of births and deaths throughout Indonesia are far too incomplete to compile accurate fertility and mortality rates for the country as a whole. Evidence from sample surveys and other estimates places the crude birth rate between 43 and 45 per thousand, with Java and Madura possibly showing a rate a few points lower than the outer islands. Crude death rates, estimated to have been around 21 per thousand at the time of the last census, are continuing a downward trend, and are now believed to be 17–19 per thousand. While significant changes in fertility are unlikely in the next decade, it is highly probable that the mortality decline will continue, with a consequent rise in the rate of natural increase.

Demographers are unwilling, on the basis of the limited data available, to select a single figure for Indonesia's current rate of natural increase; estimates range from 2.6 to 2.9 percent with the frequently cited figure of 2.8 being used by planners in several ministries and planning groups.

Age Structure

The population Census of 1961 revealed a relatively small 10–19 age group, reflecting perhaps the consequences of the war occupation, malnutrition, and civil disorders. By contrast, the large population aged 9 and under reflects a resurgence in the birth rate and a decline in infant and child mortality. There is a significant excess of females over males in most age groups, particularly in Java. The sex ratio is slightly higher in cities than in rural areas, suggesting the movement of young male workers from the countryside to cities.

Of the total population, 42.1 percent are in the 14 and under age group and 2.0 percent in the age group over 65, making the dependency ratio (the number of persons of dependent age per 100 persons of working age) 79.

Urban-Rural Distribution

The Census of 1961 recorded that 16 percent of the population of the country lived in 229 urban units; in 1920 and 1930 the comparable figures were only 6 percent and 8 percent. The size of the urban population continues to grow at a very fast rate, having increased by 232 percent during the period 1930–1961. The increase in urban dwellers was greatest in the largest cities. For instance, while the five cities having 100,000 or more persons in 1920 accounted for only 31 percent of the urban population, by 1961 the number of such cities had risen to 23; these held two-thirds of the total urban population.

In the outer islands, both the general population and the urban population are growing at a faster rate than in Java. While in 1920 more than 80 percent of the urban population of the nation lived in Java, by 1961 this percentage had dropped to 67. The growth rates of urban population between 1920 and 1961 for Java, Kalimantan, Sumatra, and Sulawesi were, respectively, in percents, 185, 283, 387, and 543.

The six largest cities of Indonesia, by order of rank in 1961, were Djakarta (2,973,052), Surabaja (1,007,945), Bandung (972,566), Semarang (503,153), Medan (479,098), and Palembang (474,971); all but the last two of these cities are situated in Java. Djakarta, the national capital, with a population of almost 5,000,000 today, accounts for more than 20 percent of the urban (and 3 percent of the total) population of Indonesia. Since 1930 the population of this metropolis has been increasing at an average rate of 148 percent per decade. Only about half of the inhabitants of Djakarta in 1961 were born in that city and of those born there about half were infants and small children, a fact that indicates the magnitude of the immigration from areas outside the city. Only two other large cities of Indonesia (Medan and Bandung) and three others in the whole of Asia (Karachi, Dacca, and New Delhi) have witnessed growth rates comparable to Djakarta's in recent times.

Ethnic and Religious Composition

The majority of the inhabitants of Indonesia belong to the group termed "Malaysian race" made up of about 25 principal ethnic groups.

The main alien minority is of Chinese descent and is estimated to contain between 3 and 4 million persons concentrated in the areas of Indonesia nearest Singapore: West Kalimantan, East Sumatra, Djakarta, and Central Java. Some of the oldest settlements of the Chinese are found in West Kalimantan where the workers are primarily engaged in agriculture and forestry. However, most Indonesian Chinese, exclusive of those engaged in market gardening around Djakarta, are traders, shopkeepers, or skilled craftsmen. The heavy demand for skilled and unskilled laborers and traders brought large numbers of Chinese into the country during the nineteenth century; nonetheless, place of birth data of 1930 disclose that about 62 percent of all Chinese were locally born, and of these 67 percent had locally born fathers.

The European population of Indonesia, while economically and politically strong in 1930, numbered only 240,417 (0.4 percent of the total population); it was essentially an urban element with a heavy concentration (80 percent) on the island of Java. Arabs numbered 71,000 in 1930 and were mostly in Java; 80 percent had been born in Indonesia. There were 30,000 Indians enumerated in 1930, almost two-thirds of whom lived in the outer islands.

It is estimated that the breakdown by religion of the population of Indonesia is as follows: Muslim, 85 percent; Protestant, 7 percent; Roman Catholic, 3 percent; Hindu/Buddhist, 2 percent; and other, 3 percent.

Migration

Many proposals have been developed calling for the movement of large numbers of people from densely populated Java to some of the outer

islands, both as a solution to Java's population problem and as a means of increasing the rate of development of Sumatra and other outer islands. One proposal, advanced in the late 1950s, held that an annual transfer of 160,000 families over a 30-year period would neutralize Java's natural population increase.

Such measures have not to date been notably successful. During the colonial period, fewer than 60,000 persons moved from Java even when the program was strongest, in the 1930s; and, after Independence, during the 1950s, fewer than 25,000 persons moved annually. In 1960, the year of the largest number of transmigrations since Independence (11,439 families, comprising 46,096 individuals), the population of Java increased by over a million and a half. While efforts to encourage migration from Java to the outer islands were being made, a "spontaneous" migration in the opposite direction was occurring that may well have operated to give a net migration inwards. It is now generally acknowledged that transmigration, while it may expedite the rate of development of the outer islands, is unlikely to have a major influence on the problems of population density in Java itself.

Literacy

Efforts to reduce illiteracy in Indonesia are achieving results: according to the Census of 1930, only 6.4 percent of the population were literate; while according to the 1961 Census, 40 percent of the total population were able to read and write. Further findings of the 1961 Census were as follows: 46.7 percent of the people aged 10 and over were able to read and write; the highest literacy rate (72.1 percent) was in the 10–14 age group; 22.5 million persons, or about 35 percent of the population aged 10 and over, had had three or more years of primary school; more than 50 percent of the population aged 10 to 29 had had at least elementary school education, while only 14.5 percent of the population in the age group 45–54 and less than 10 percent of those aged 55 and over had had this much education. In 1961, 54.8 percent of the primary-school age group were in school. For all age groups the level of education of the population was higher in urban areas than in rural areas.

In 1970 it is estimated that about 50 percent of the population was literate. Those aged 10–29 years have a higher percentage of literacy than those aged 30 and over. About one-half the children of elementary school age are now in school, and over 206,000 students are in institutions of higher learning.

When the children born during the baby boom of the 1950s began to reach school age, many new schools were built and many new teachers trained. The exceptionally large base of the educational pyramid suggests that continuing pressures to expand will be placed on the educational system, not only in the primary grades, but also in secondary schools, vocational schools, and universities. As the population grows and the pressures on educational resources increase, the system may only with difficulty be able to maintain progress in increasing the proportions of the younger age groups attending schools, without lowering educational standards, even though absolute numbers of students in school may show an increase. Analyses of the demographic picture show clearly that a lowered birth rate would help to reduce the pressures on the educational system, enabling it to increase the average level of education and to improve educational standards.

Economic Status

According to the 1961 Census, 80 percent of males aged 10 years and over belonged to the labor force—defined as those persons actually employed for at least two months during the six months preceding the Census and those who, although not employed, were seeking employment; 4.8 percent of the labor force was classified as being unemployed. Of females, 30 percent of those 10 years of age and over belonged to the labor force, of whom 7 percent were unemployed. However, it is noteworthy that the majority of women, particularly in rural areas, are both home-house keepers and also engage in other forms of economic activity.

Almost 10 percent of persons 10 years of age and over are students, while 30.5 percent are classified as home- or house-workers.

Comparison of urban and rural data shows that a larger percentage of the population (55.4 percent) is in the labor force in rural areas than in urban areas (47.1 percent), a phenomenon resulting from the fact that in rural areas relatively more persons are engaged in economic activities at younger ages, while, at the same time, the retirement age is higher.

For the country as a whole, about 72 percent of employed persons are engaged in agriculture and less than 6 percent in manufacturing. Trade accounts for less than 7 percent and services 9.5 percent. The percentage of all persons employed in all non-agricultural pursuits, exclusive of trade and services, amounts to only 10 percent.

Future Trends

Projections as to the future size of Indonesia's population depend upon which of the estimates of current birth rate is chosen and upon subjective impressions as to the rate of decline of the death rate.

Various projections have been made based upon different assumptions regarding the speed at which these vital rates will change. The highest projection, assuming a continued high birth rate and a rapid mortality decline, would lead to a population of 158 million in 1980, 167 percent of that of 1960; lower projections anticipate a population of 150 million by 1980. Within the ranges of these alternate projections one can reasonably predict that the population of Indonesia will double within 25 years.

Population Growth and Social and Economic Development

Relationship to National Income

Economic development from 1950 to 1970 has not kept pace with the rate of population growth. After a slow rise in the 1950s, per capita income declined from 1958 to 1968. A commonly quoted figure places the current average per capita income in Indonesia at approximately $85.00 per year. It is apparent that the increase in GNP is not paralleled by an increase in average per capita annual income because of a rapidly increasing population.

Relationship to Size of the Labor Force

For the purpose of the 1961 Census the labor force was held to consist of persons 10 years old and over who were actually at work for at least two months during the six months preceding the Census and those who were not at work but were seeking work. In 1961 there were 64 million persons 10 years old and over, of whom 34.6 million persons, or 54.1 percent, belonged to the labor force. Almost 1.5 million—5.4 percent of the labor force—were classified as unemployed.

Further findings of the 1961 Census, relating to the sex of employed persons, are as follows. Out of 31.3 million males aged 10 and over, 25 million, or almost 80 percent, belonged to the labor force; and 1.2 million males, or 5 percent of the male labor force, were classified as being unemployed. In the case of females, only about 30 percent, that is, 6 million out of a total of 32.6 million aged 10 and over, belonged to the labor force. Of this number 7 percent were unemployed. Thus, the number of females belonging to the labor force was less than half of the number of males. However, it should be pointed out that, particularly in the rural areas, the majority of females are home-houseworkers and are at the same time engaged in economic activity. It is imperative to take this point into account in drawing inferences from the Census returns concerning the female labor force.

The percentage of the population 10 years and over belonging to the labor force is higher in the rural areas (55 percent) than in the urban areas (47 percent) This phenomenon, which is found in the case of both males and females, is due to the fact that in the rural areas there are relatively more persons engaged in economic activities at younger ages and the withdrawal from the labor force starts at later ages. Unemployment is more than 50 percent higher in the urban areas than in the rural areas. This difference arises partly because in urban centers overt unemployment is more easily discernible and also much more immediately felt by the persons concerned. Both in urban and in rural areas the percentage of unemployed females is higher than that of males.

Relationship to Agriculture

About 72 percent of the 33.1 million employed persons of both sexes are engaged in agriculture and less than 6 percent in manufacturing. Trade accounts for less than 7 percent and services for less than 15 percent of the labor force. Those persons employed in all other nonagricultural pursuits amount to only 10 percent of the total labor force.

Of all the islands Java has the lowest percentage of persons engaged in agriculture (68 percent), and the highest percentage of persons employed in manufacturing, (i.e., 7 as compared with 3 for Sumatra).

Relationship to Social Welfare Expenditures

The rapid rate of population growth in Indonesia is felt most severely in the already densely-packed Central Islands of Java, Madura and Bali. While growth rates in the Outer Islands are also high, some government officials entertain the belief that these areas, less densely populated but rich in natural resources, would be enhanced by a larger population base. However, in all sections of the country, both in the Central Islands and in the Outer, population growth already threatens to negate the planned expansion of educational facilities, medical services and welfare programs, and to strain the capacity of the government to provide adequate numbers of qualified teachers, physicians, engineers, and other professional personnel.

Indonesia's Five - Year - Development Plan allocates about 16 percent of estimated development resources in the public sector to the social field, comprising health and family planning, education and culture, religion, and social welfare. Within this allocation, education and culture have the major share and are expected to absorb close to 60 percent of the allocated resources. Actual expenditures on these social programs during 1969/1970 amounted to less than 10 percent of the total public sector development budget.

Since independence, Indonesia has placed a high value on mass education and is striving to provide education and the benefits of literacy for all of its population. Approximately 80 percent of children receive two years of primary education but less than half of them finish the sixth grade. There were about 13.5 million students actually enrolled at all educational levels in 1961 and 17.4 million in 1967. Total educational enrollment has been projected to reach 34.7 million in 1981 at the present population growth rate. The government's goal is to achieve universal primary education as early as possible.

The Central Government's expenditures on education, including both recurrent and capital expenditures during the past years, were of the order of 43–44 billion rupiah,[3] or 13 percent of total Central Government expenditures. It has been estimated that with a lower birth rate the projected increase in the number of school age children would be reduced, freeing government resources for primary and secondary education to the extent of at least 15 billion rupiah between 1976 and 1994—a figure which may be compared to the 12.6 million needed to maintain the present level of primary education. Similarly, savings of the order of 2 billion rupiahs between 1981 and 1994 are projected in the field of secondary education if family planning programs are successfully carried out.

In the health sector, a Master Plan has been formulated calling for the integration of curative and preventive health services at all levels, the rehabilitation of essential facilities, and the further development of health services. Over the coming four years, the main emphasis will be on training; the continuing integration of health services, with activities of separate health centers and polyclinics gradually being absorbed into multipurpose public health centers; and the strengthening of communicable disease control activities.

Approximately 6.2 billion rupiahs is planned for these objectives during the period 1971–1974 by the Government of Indonesia. The cost of health and medical facilities can be expected to rise in direct proportion to the rate of population growth. Some observers predict that expenditures on a successful family planning program could be, at least partially, offset by savings

[3] One Indonesian rupiah = US$0.0027.

in the cost of the government's health program that would come about with a decrease in the population growth rate.

Population Policies

Direct

In 1967 President Suharto signed the Declaration on Population which had been drawn up on Human Rights Day, 10 December 1966 by United Nations Secretary-General U Thant. It affirmed the belief of the signatories that "the population problem must be recognized as a principal element in long-range national planning if governments are to achieve their economic goals and fulfill the aspirations of their people; . . . that the opportunity to decide the number and spacing of children is a basic human right; . . . that lasting and meaningful peace will depend to a considerable measure upon how the challenge of population growth is met." In his Independence Day address to Parliament on 10 August 1969, President Suharto made a strong appeal for increased activity in the field of family planning, emphasizing that the program should be started now lest the gains in production be cancelled out by the greater increase in population.

Despite present support for family planning, the Government of Indonesia maintains a number of pronatalist policies. Government officials and employees receive, in addition to their basic salaries, certain allowances and benefits that may have an indirect influence upon family size. Government workers receive salary stipends amounting to 5 percent of the basic salary for the wife of the worker plus 2 percent for each child, with no upper limit to the number of children eligible for this benefit. Each family also receives a rice ration (or its equivalent in money) amounting to 10 kilos of rice for the wife and for each child.

Female employees of the government are eligible for maternity leave with full pay amounting to a month and a half before delivery and another month and a half during the postpartum period. These provisions are authorized in the Labour Act and in the regulations of the Civil Service Act. While the disadvantages of these provisions *vis-à-vis* population growth are recognized by a few governmental leaders and those directing the family planning movement, it seems unlikely that changes will be recommended in the foreseeable future.

Indirect

Family units. Outside the cities and towns, the Indonesian people live in different genealogical or territorial units. Three types of genealogical or family units (clans) can be clearly distinguished, namely the patrilineal, matrilineal, and parental family units. In patrilineal communities the social group is based on descent along the male line from one common male ancestor. In matrilineal communities, the female line determines the membership in the family group, while in parental communities, male and female lines determine the relationship equally. In some territorial or village communities the inhabitants are not bound by kinship, although traces of a system of kinship may still be found in individual communities. The joint family system is found predominately in rural communities, whereas in urban areas the independent family unit system prevails. The patrilineal system occurs mainly in the central part of North Sumatra (Bataklands) and South Sumatra (Lampongs), in Bali, the Moluccas, and Timor. The matrilineal system is common in West Sumatra (Minangkabau); while the parental system occurs throughout Indonesia, exerting a great influence on the position of women in the family and the number of children desired by the family.

In patrilineal communities the preference for sons contributes to a higher birth rate, since women will go on having children until one or more sons are born. In these communities the husband may take a second wife or divorce his wife if she does not give him a son. In the Bataklands a blessing given by the elders to a young couple at the time of the wedding runs as follows: "May you bear 17 sons and 16 daughters." In the matrilineal communities of Minangkabau, daughters are the preferred offspring, but the failure to have daughters does not lead to divorce or polygamy. In parental communities boys and girls are equally valued, but in communities with a strong Muslim influence it is preferred to have at least one son.

Women's organizations. A large number of Indonesian women are members of one or more women's organizations. Thirty-nine of the most important women's organizations are affiliated in the Kongres Wanita Indonesia (Kowani) with branches throughout the country. The affiliates of the Kowani consist of political as well as nonpolitical women's organizations: sister organizations of the main Islamic parties and social Islamic women's organizations; a sister organization of the Nationalist Party; the Christian Women's Association; the various organizations of the Armed Forces; the University Women's Association; and many others. Many of the government departments and companies also have women's organizations for women workers and wives of workers. These women's organizations play an important role in supporting the family planning program; they organize talks about family planning for their members and set up family planning clinics. In a congress held 18–20 February 1970 in Djakarta, the Kowani decided to give full support to family planning by including it in its program and urging its member organizations to include it in their own plans of action.

Relevant Laws

Marriage regulations. With regard to marriage law, different regulations dating from the Dutch colonial period prevail for the various groups of Indonesian citizens. The marriage law of Indonesian citizens of European or Chinese ancestry as regulated in the Civil Code is based on monogamy, and stipulates that the minimum age of marriage is 18 for men and 15 for women. Special marriage regulations for Indonesian Christians also are based on monogamy and stipulate that the minimum age of marriage is 18 for men and 15 for women. The marriage law for those who profess the Muslim religion, the majority of Indonesians, is regulated by custom and Muslim religious law in which no minimum age of marriage is stipulated. Since 1968 two Bills of Marriage have been discussed in Parliament that call for a minimum age of marriage of 18 for men and 15 for women. Since child marriages are not prohibited and still occur in the rural

areas, the passage and enforcement of the proposed Marriage Bills could, if implemented and followed, have an influence on the mean age of marriage and consequently on the birth rate. The Marriage Bill for Indonesian Muslims also includes provisions relating to polygamy, which is now legal under certain conditions.

Legal provisions. In the Penal Code dating from the Dutch colonial times, Article 534 prohibits the dissemination of information about contraceptive methods. Although the Attorney General has declared that nobody working in the family planning field will be prosecuted under this law, the article does impede somewhat the effective implementation of the government program, as the giving of information on family planning is still technically illegal.

The Second National Conference of the Indonesian Planned Parenthood Association held in 1970 in Jogjakarta has appealed to the government to repeal this provision of the Penal Code.

Abortion. According to the Penal Code abortion is illegal. No attempts have been made to legalize it or to modify this part of the Code in any way. Little or no information is available relating to the prevalence of abortion in Indonesian society.

History of Population Concerns

In 1953 a small group of concerned private citizens in Indonesia began to promote family planning. Their efforts culminated in the organization of the Indonesian Planned Parenthood Association (IPPA) four years later. The early efforts of the family planning movement were restricted to providing information about the aims and purposes of family planning, inviting the opinions of religious leaders on the subject, and offering services in a few clinics. The political climate during these years was hostile to the concept of family planning, with the result that the program developed as one that offered clinical services with a minimum of publicity and fanfare. During these early years of the program, the Pathfinder Fund gave assistance and helpful guidance; several visits to Indonesia by Pathfinder representatives were made. By 1963 seminars on family planning were conducted in seven different localities in Java and Bali; the IPPA established eight branches on Java, Sumatra, and Bali, with a central headquarters in Djakarta. Training opportunities in Indonesia and funds for attendance at international conferences were made available to physicians by the Population Council and the International Planned Parenthood Federation (IPPF).

The political and social turmoil of the mid-1960s in Indonesia was reflected in the work of the voluntary association. Contacts between the central group and the provincial branches and clinics were weakened or broken altogether, and relationships with supporting institutions at the international level were disrupted.

Following the change in administration and political leadership in the country after the abortive coup in September 1965, the family planning movement began to emerge from the atmosphere under which the subject had been almost taboo. In February 1967 a National Conference on Family Planning was held by the IPPA with representatives from the voluntary association and government officials and social leaders. From the speeches of the Ministers of Health and of Manpower, the Governor of the City of Djakarta, and the Secretary General of the Department of Social Affairs, it was evident that the new government supported the concept of family planning. Most encouraging was the assurance of the Coordinating Minister of People's Welfare that family planning would be included in the government's program.

Subsequently, the IPPA became a member of the IPPF and expanded its activities considerably. Its program, which had, until around 1967, been supported almost entirely by funds generated by the sale of contraceptives (donated to the voluntary association) and contraceptive services, began to receive financial and technical support from the IPPF and the Ford Foundation.

The increasing acceptance of the concept of family planning among social and governmental leaders and the development of a program reaching throughout the country have occurred in the last three years, and especially since the Independence Day speech of the then Acting President Suharto, 16 August 1967, in which he said:

> Looking far into the future, we should courageously face the fact that the increase in the rate of population will not be in balance with the rate of available food supplies, whether produced at home or imported. We should, therefore, pay serious attention to efforts in birth control with the idea of planned parenthood which can be justified by the ethics of Religion and the ethics of Pantjasila [the five pillars or five principles on which the Republic of Indonesia is based: belief in God, nationalism, humanism, democracy, social justice]. This is a principal problem related to the fate of our future generations. So it should be done thoroughly and according to plan.

Population Programs

Objectives

The long-range target of the national family planning program in Indonesia will be to bring about a reduction of the birth rate and a consequent lowering of the population growth rate. The more immediate target during the next few years will be to build up the supporting infrastructure through the strengthening of clinic services, the training of personnel, and a large-scale public education program.

The National Planning Board (BAPPENAS) and the Ministry of Health have formulated objectives that call for a slowing of the growth rate, but to date most policy statements and planning documents cite as the primary goal of the family planning movement the benefits that will accrue to the health and welfare of mothers and children. Family planning is an integral and important part of the government's Five-Year Development Plan. In reference to family planning, the plan addresses itself to two principal objectives:

(1) To improve the health and welfare conditions of mothers, children, the family, and the nation.

(2) To raise the level of the people's living standard by decreasing the rate of birth so that the population increase will not exceed the ability to step up the gross national product.

Organization

The organizational pattern of the national program is currently under-

going revision. The National Family Planning Institute of Indonesia, created in October 1968 by the State Minister of People's Welfare, is now in the process of being superseded by a Coordinating Body for Family Planning. Both of these institutions are described in the paragraphs that follow.

The National Family Planning Institute was "primarily obligated to create the social welfare of the family in particular, and the people and nation in general" by: (a) coordinating family planning programs and activities, (b) making recommendations to the government about the national program, (c) promoting cooperative arrangements between Indonesia and other countries in the field of family planning, (d) developing family planning on a voluntary basis and with a broad approach, including marriage counseling and the treatment of sterility.

The Institute was made up of an Advisory Board of 40 members working through a Central Plenary Executive Board of 17 members concerned with the formulation of broad policy matters, approval of budgets, and organization of financial resources, both domestic and foreign. Pending the appointment of an executive officer charged with the implementation of the decisions of the Board, the Central Plenary Board combined both policy-making and executive functions. A central headquarters staff was appointed and the organization of provincial and district bodies with membership representative of such fields as health, education, information, and voluntary agencies was initiated.

On 22 January 1970, by a Presidential Order, the National Family Planning Institute was superseded by a new Coordinating Body for Family Planning in which the policy-making and executive responsibilities promise to be more clearly delimited. The Coordinating Body has a single executive officer appointed by the President, two deputies, and a central staff grouped into six to eight functional bureaus. The Coordinating Body will coordinate the work of the several ministries, institutions, and agencies that conduct activities in the field of family planning.

The Ministry of Health, working under the general guidance of, and as a major operating unit of, the family planning program, is expected to be assigned responsibility for three main functional parts of the national program: (1) services in clinics and hospitals of the Ministry of Health, (2) the provision of supplies and logistical support for all family planning clinics in the country, and (3) record keeping and the collection and analysis of most of the service statistics from the government clinics.

The Indonesian Planned Parenthood Association until recently had almost sole responsibility for all aspects of the family planning program throughout the country, operating through a network of local branches staffed by volunteers and making use of clinical facilities and staff of governmental health and maternal and child health (MCH) services. As the national program grows and develops, former elements of the program of the voluntary association are being turned over to the Coordinating Body and to the Ministry of Health. It appears likely that in the coming years the association will be given responsibility for training some categories of family planning workers, for much of the public information program, and for some types of research and evaluation.

Other groups, such as the Armed Forces, consisting of the Army, Navy, Police, and Air Force, as well as certain of the religious and social groups, are in process of organizing family planning activities that will be coordinated by the governmental Coordinating Body.

The provincial level is important because several of the provinces in Java have populations commensurate in size with those of many independent countries (East Java, alone for example, claims 29,000,000 inhabitants). The Coordinating Body is in the process of appointing provincial representatives, who will be responsible for coordinating programs and projects at the provincial level, and for encouraging and stimulating new family planning activities. The provincial governors are to be assigned final responsibility for provincial activities in the field of family planning, an arrangement that promises to encourage a cooperative approach among such key provincial departments as those of health, education, social welfare, finance, and information, and among voluntary agencies. The chief health inspector of the Ministry of Health is most commonly the delegate of the governor in carrying out these functions. In effect, there will be created, in each province, a smaller coordinating body that will reflect the duties and functions of the national coordinating body at the central level.

The National Coordinating Body has received the report of a mission organized by the United Nations World Health Organization and the World Bank Group, prepared at the request of the Government of Indonesia. The recommendations of the mission are currently under review and are expected to serve as a major cornerstone to the Five-Year National Family Planning Program soon to be presented to the government by the National Coordinating Body. Both documents propose a target of 6,000,000 new acceptors over the five-year period.

Operations

Character of the program. A fundamental operational decision, initiated by the voluntary association and adopted by the national agency, was to utilize existing health facilities and health personnel in the development of the family planning service program. About 2,700 MCH centers and about the same number of midwives are available in the initial program areas.

Another policy advanced in early discussions about the probable growth of the national program now receives less official attention: it was proposed that the program be initiated in the major provincial capital cities, expanded subsequently to other urban areas, and finally extended to rural areas. Currently, planners are concerned with a simultaneous expansion in both urban and rural areas.

As of early 1970 almost 400 family planning clinics offer services in Ministry of Health facilities, in the clinics and hospitals of the Armed Forces, and in clinics operated by other agencies. A typical clinic is located in or beside an existing MCH clinic and is open one or two mornings per week. It is staffed by a physician and a

nurse-midwife, assisted by one or more auxiliary workers. Contraceptive services and advice in the typical clinic are provided by the clinic staff in the clinic setting; home visits to give information, to recruit potential new acceptors, or to follow up on patients who have visited the clinic are not functions of the clinic staff member.

In a few pilot areas, family planning field workers have been attached to clinics. They are responsible for meeting potential clients outside the clinic, and utilizing home visits, small group discussions, or talks to organized groups to convey information about the benefits of family planning and to stimulate referrals to clinic facilities. In early 1970 there were roughly 150 such field workers, few of whom had been employed for as long as one year. Plans are being discussed to recruit, train, and employ a large cadre of field workers over the coming years. A target of 15,000–20,000 over a five-year period has been advanced by some planning groups. Such a large number of workers will prove to be one of the most costly elements of the program over the long term; therefore, careful evaluation of the present field worker program and the organization of additional demonstration projects are anticipated as probable early next steps.

During 1969 the logistical support system for Java, Bali, and Madura was transferred from the voluntary association to the Ministry of Health. All contraceptive supplies and related materials, such as sets of medical instruments for IUD insertions, are consigned to the Ministry of Health; enter the Ministry's supply channels; pass through its central warehouses to provincial warehouses; and are delivered to the clinics themselves. As of early 1970, this supply pipeline was well stocked with over 300,000 IUDs, 1,700,000 cycles of orals, and significant quantities of condoms and foam tablets. The IPPA continues to be responsible for providing supplies to the outer islands.

While no official schedule of recommended fees to be charged to patients has yet been made mandatory for the clinics, typical charges range from 100–150 rupiahs (US 25–35 cents) for an IUD insertion, 100 rupiahs (25 cents) for a cycle of pills, and a rupiah or two for each condom or foam tablet. Patients who are unable to pay these modest fees may receive their supplies at a reduced price or at no cost whatsoever. The practice at most clinics of charging a small registration fee and service charges for follow-up visits means that the above figures do not reflect the sometimes large hidden costs to the patients.

A postpartum program was initiated in 1969 in five large hospitals in Djakarta and Bandung as part of the Population Council's International Postpartum Program. Other postpartum activities of a more modest scope are being introduced in other maternity hospitals in several provinces as a result of the success of the demonstration project.

Training programs. Training of family planning workers is carried out in the National Training Center (NTC) for Family Planning, located in Djakarta, and in six Provincial Training Centers (PTCs) located in the six provincial capitals of Java and Bali. All centers are conducted by and operated through the Indonesian Planned Parenthood Association. Each has the capacity to train 300 workers per year, making a total output of 2,100 for the seven centers in the course of a twelve-month period. The National Training Center trains the staffs who work in the PTCs and arranges special training courses for government officials, opinion leaders, and others whose position requires their understanding of, and support for, the family planning movement; the NTC also trains some workers who will be responsible for clinic activities. It sets training standards and recommends curricula for use by the PTCs.

The PTCs chiefly train physicians, nurses, midwives, and others who will have clinic responsibilities. Training programs for physicians usually are of two weeks' duration; each physician trainee is expected to perform five IUD insertions as part of his training; nevertheless, limited clinical material makes this target unattainable in some areas. Paramedical workers receive two weeks of training. In the nine-month period April–December 1969, 1,600 family planning workers were trained under this program, and the annual target of 2,100 was achieved by the end of the fiscal year in April 1970.

Orientation courses for other health and social welfare personnel are given by the respective ministries either in special workshops, during regular upgrading or refresher courses, or as part of basic training programs. These courses are usually of two to three days' duration and are designed to give a general understanding of the program and its benefits; these workers are not trained for specific family planning tasks, but are expected to help support the program in the course of their regular professional duties.

Other family planning workers have been trained at the Regional Training Center of IPPF in Singapore (23 in 1969), and in 1969 an additional 109 workers attended formal programs of instruction or made short observational tours to see family planning programs in other countries.

Information and education. The program of information and education of the public in matters relating to family planning was severely limited during the 1950s and 1960s, with the result that the service program has outpaced the information program. The Indonesian Planned Parenthood Association for many years maintained a speakers' bureau whose goal was to reach opinion leaders and governmental authorities through talks to women's organizations, national conferences, and programs for other organized groups. The volunteers of the association also employed newspaper, radio, and television. A limited number of pamphlets and posters was prepared and distributed through the local IPPA branches. Currently, several demonstration areas are experimenting with a program in which family planning field workers develop a face-to-face communications approach through home visits and small group meetings at the community level.

The trend in Indonesia is toward a comprehensive information program that will incorporate both the mass media (radio, newspapers, television) and the face-to-face approach (personal contact, small group discussions) and utilize a multifaceted mixture of teaching aids. Projected plans call for a marked intensification of

all informational activities through the several ministries and voluntary agencies operating under the guidance of the National Coordinating Body.

Methods. The four contraceptive methods employed in the national program are the IUD, oral contraceptives, condoms, and foam tablets. A cafeteria approach is publicly avowed but in practice most physicians and clinic workers directly or indirectly advocate the IUD or the pill.

In 1969 over 50,000 new acceptors chose the following methods during their first visits to family planning clinics: IUD, 26,400; oral contraceptive, 15,000; other, about 9,000. The higher proportion accepting the IUD in 1969 reflects not only the preference of patients and a probable bias of family planning workers toward this method, but also the tenuous supply situation of oral contraceptives in the first half of the year; many clinicians were reluctant to start new clients on the pill until there was reasonable assurance that the supply channels could support large numbers of pill acceptors. By the latter half of 1969, when the availability of continuing stocks was assured, the ratio of pill to IUD users probably increased, although the data are not reliable.

The relatively low number of acceptors of traditional methods probably reflects the predilection of clinic staff toward recommending loops and pills; it may also reflect a preference for loops and pills on the part of program administrators and clients themselves.

A few small studies were made of the injectable Depo Provera[4] in some of the larger teaching hospitals. Reported results of these studies suggest that the method could quickly gain popular favor; however, the commercial sale of injectables is not yet officially sanctioned for contraceptive use.

An estimated 65,800 IUDs have been inserted in the period 1 January 1967–30 June 1970; this figure, however, contains a serious degree of underreporting, since only data submitted to IPPA are recorded. Comparable figures for orals and conventionals during the same period are 30,900 and 19,300.

IUDs are provided by the Population Council at no cost. The Lippes loop is the only IUD distributed by the national program, although the M-loop is being tried in a few clinics; and two Indonesian physicians have for several decades been inserting their own specially designed and locally manufactured devices.

Personnel. The National Family Planning Institute, at the time its activities were taken over by the Coordinating Body, was made up of an Advisory Board of about 20 members and a Plenary Committee of another 15 supported by a staff of 50 persons at the central level and 30 in the provincial structure. While most of the lower level staff such as clerks, drivers, and messengers (totalling, perhaps 25) were employed full time, most of the professional staff served on a part-time basis.

The new Coordinating Body is expected to have more full-time staff members, organized under an executive officer (the chairman), two deputies, and six bureau chiefs. With the main function of coordinating the work of the several family planning agencies, the Coordinating Body may emerge as a small group, working through other units and utilizing the contract method in stimulating specific projects.

The Indonesian Planned Parenthood Association operates through an executive secretary, a deputy, a field coordinator, and an office manager, plus an office staff of 20 full-time workers and a cadre of part-time volunteers.

At the provincial level, the National Family Planning Institute has, typically, five employees and the Provincial Chapter of the voluntary association has two or three.

Clinic staff, such as physicians, nurses, and midwives, are usually salaried government employees in the Ministry of Health with responsibility for other aspects of the health services programs. Fees collected from patients are distributed on a monthly basis to clinic workers as a form of incentive payment in many clinics, while other incentive payments are made to field workers for referrals. One or more mornings a week may be devoted to family planning clinic activities. Since approximately 400 clinics were operating in early 1970, one can reasonably assume that about 400 physicians and 800 other workers were engaged, part time, in family planning activities.

Research and Evaluation

The Indonesian Planned Parenthood Association for many years has assumed responsibility for collecting and tabulating data on acceptors of contraception who attend the family planning clinics of the Association. During the present transitional period, as the Ministry of Health takes over the major share of the responsibility for clinical services in the national program and as the National Coordinating Body prepares itself to supervise the service statistics activities, the responsibility for collecting and tabulating these reports is divided between the Association and the Ministry. Clinics at the present time continue to send monthly activity reports to the central offices where simple tabulations are made about numbers of new and old acceptors by method of choice. Several record and report forms have been developed, but not all clinics are using them.

It is planned to review and revise the record-keeping system, to train clinic workers in its use, and to develop the tabulation and analysis of the results at both the provincial and the central level. It is likewise expected that full responsibility for the service statistics program will be assumed by the National Coordinating Body. The United Nations Economic Commission for Asia and the Far East (ECAFE) has offered technical assistance and financial support in reviewing the present system, assisting in its revision, and training personnel in its use.

The National Family Planning Institute (LKBN) has established a small research bureau at the national level. Under the new family planning coordinating body, the bureau will stimulate, sponsor, and coordinate all research and evaluation activities conducted by the several agencies with family planning programs. The research bureau will identify areas requiring research and evaluative approaches, will seek to interest individuals and institutions in studying

[4] An injectable progestagen of long (three to six months') duration and effectiveness.

these problems; and will arrange—probably through contractual agreements—for the necessary funding. A Research Review Panel will meet periodically to study and comment upon research proposals; to assign priorities to the types of research needed; and to receive reports on research completed.

A national sample survey (NSS) was initiated by the Central Bureau of Statistics in 1963. The national sample in principle covered the entire country and all strata and categories of population. It involved a sample of some 40,000 households. Data on demographic characteristics, employment and unemployment, and consumption expenditure were collected. The third round of this survey was completed in late 1967. Results are not yet available.

In July 1967 a survey was conducted in urban Djakarta by the staff and students of the Social Science Department of the University of Indonesia. The survey showed that a majority of the 2,000 respondents were favorably inclined toward family planning. A large number of respondents, however, had no knowledge of the subject. This study demonstrated the feasibility of conducting further surveys on fertility and family planning in Indonesia and stimulated the approval of the more definitive knowledge, attitude, and practice (KAP) study described below.

A KAP survey was undertaken by IPPA in 1967 with Ford Foundation technical assistance and financial support. The total sample consisted of 2,246 respondents, approximately half of whom were male and half female, all drawn from the age group 15–49 and classified as "ever married." The main findings of the study may be summarized as follows: The level of knowledge about family planning in the sample studied is extremely low; there is evidence of strong positive attitudes toward family planning with a high level of desire to obtain more information; contraception is practiced by only a small fraction of the sample population and the methods that are being used are generally ineffective. A crude birth rate of 46.7 and a total fertility rate of 57.7 was derived from this study for 1966–1967.

The School of Public Health has undertaken an evaluation of three family planning clinics in two sections of Djakarta, has studied the effectiveness of the three clinimobile units used in the family planning movement, and has made an evaluation of the family planning exhibit at the Djakarta Fair.

Bekasi, a rural area outside Djakarta, is the site of a pilot study and service area where a "before-and-after" evaluation conducted by the IPPA has been under way since 1967. However, problems of transport and communications and difficulties in the organization of the service and informational program have hindered the project; illustrative of the problems involved in the development of this project is the fact that Bekasi has a population of 800,000 and until recently was served by only two physicians.

Limited clinical research has been conducted in Indonesia for several years. Studies of IUDs were undertaken by the Department of Obstetrics and Gynecology at the University of Indonesia Faculty of Medicine. This group is continuing to evaluate several of the newer IUDs and oral contraceptives along with small studies of Depo Provera and Deladroxate injectables. The Department of Obstetrics and Gynecology at the University of Padjadjaran Medical School in Bandung is also conducting studies on the safety and effectiveness of oral, IUD, and injectable contraceptives.

Two IUD retention rate surveys and one pill-continuance-use study have been undertaken by the Djakarta municipal project with a grant from IPPA, and an IUD retention rate study was done in Surabaja in 1968.

The five hospitals participating in the Population Council's International Postpartum Program—three in Djakarta and two in Bandung—have shown encouraging results as to the effectiveness of this approach in Indonesia.

Several smaller action-cum-research activities sponsored by the Pathfinder Fund have been initiated or are under way. Most of these are concerned with studying techniques of using field workers, paid on a salaried or "incentive-payment" basis, to recruit new contraceptive clients.

The National Institute for Economic and Social Studies (LEKNAS) is studying problems of urbanization in Djakarta and will be concerned, in part, with studies of the effect of reproductive practices on population growth.

Research proposals in the general fields of demography, service statistics, operational research, and socio-economic studies are projected for 1971 and subsequent years. Funds were earmarked for research and evaluation activities during 1970, totalling about $81,000 in the budgets of the IPPA and in the National Five-Year Development Budget.

Budget. Reflecting recent governmental decisions that recognize family planning as an important national goal, budgetary resources available to the family planning movement have been significantly increased. The following comparison between the financial resources provided in 1967 (the last year when the Indonesian Planned Parenthood Association almost single-handedly supported all clinical and other services) and those available in 1969 (when the national program began to get underway) is illustrative.

In 1967, IPPF financial assistance to the IPPA was about $30,000, including donations of contraceptive supplies. Operating expenses for local administration and information and for education and clinic activities were largely provided through the sale of contraceptives and contraceptive services in family planning clinics. By 1969 available resources from all sources, domestic and foreign, exceeded $3,000,000 exclusive of the considerable indirect assistance given by the Ministry of Health and related institutions that provide clinic facilities, personnel services, and logistical support to the family planning program. Analyses have not yet been prepared that show the allocation of these resources by functional categories such as clinical services, logistics, information activities, training, and research and evaluation.

Assistance from International Agencies

Foreign assistance during the year 1969 was received from private institutions, international agencies, and bilateral organizations. The private institutions such as the International

Planned Parenthood Federation, Ford Foundation, Population Council, Pathfinder Fund, Church World Service, and World Assembly of Youth, whose assistance was mainly channeled to the private organizations conducting family planning activities, totaled approximately $688,000. International agencies such as the United Nations Educational, Scientific, and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF), United Nations Population Division, and the International Bank of Reconstruction and Development gave direct or indirect assistance valued at $155,000, much of which was in the form of support for basic health services and MCH programs not directly attributable to family planning but nonetheless of considerable importance to that program. Bilateral agencies such as the U. S. Agency for International Development (AID) and the Swedish International Development Authority (SIDA), and countries like Japan and the Netherlands provided or promised support totalling $1,734,000.

When these contributions from international agencies are added to the direct allocations made by the Government of Indonesia through its national and provincial programs and from the Special Capital Territory of Djakarta (DCI) during 1969, a total of about $3,271,978 is derived which does not include the contributions-in-kind made by the Ministry of Health and other local participating institutions.

Summary

The family planning movement of Indonesia is currently passing through a transitional phase in which the program, formerly conducted almost entirely by a group of dedicated and interested volunteers working under severe governmental restrictions, is now recognized and accepted as deserving of significant governmental support. The President of the Republic has on several occasions publicly stated his support for the concept of family planning and has called for the formation of a national institute or body to coordinate, guide, and supervise work in this field. In a Presidential Decree the President has undertaken responsibility for the development of the national program and for the appointment of the chief executive of the National Coordinating Body for Family Planning.

Close cooperation has been maintained among the several agencies and institutions that have the potential for making the most important contributions to the movement, such as the Indonesian Planned Parenthood Association (IPPA), the National Family Planning Institute (LKBN), the National Coordinating Body, the Ministry of Health, and the Djakarta Family Planning Project. That there is not only close contact between these groups but even an interlocking and duplication of their top policy-forming and implementing arms suggests that institutional friction and disagreement may be held to a minimum.

Indonesia, faced with a series of grave economic problems demanding immediate attention, has not until now attached high priority to a national family planning program designed to reduce the country's rapid rate of natural increase. Pilot projects are under way and program plans have been developed for the initiation of a national five-year program that will probably serve to strengthen the infrastructure of family planning services over the coming period but that is not likely to achieve a significant reduction in the growth rate as presently projected. Nevertheless, with the strong support of the national planning agency and the government, particularly through the appointment of a strong executive officer to direct and coordinate the national program, the impressive resources of the country could be mobilized toward the development of a program that would address itself to a reduction of the population growth rate within the coming years.

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